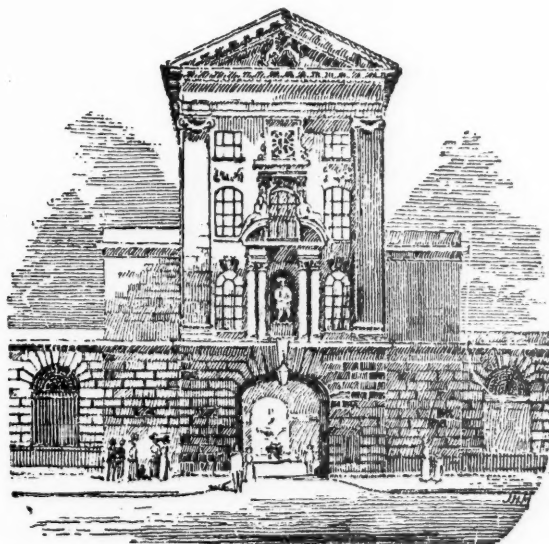


JAN 20 1927

ST BARTHOLOMEW'S HOSPITAL JOURNAL



VOL. XXXIV.—No. 4.

JANUARY, 1927.

[PRICE NINEPENCE.

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"Æquam memento rebus in arduis
Servare mentem."

—Horace, Book ii, Ode iii.

JOURNAL.

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CALENDAR.

Sat.,	Jan.	1.—Rugby Match v. Harlequins. Home.
Tues.,	"	4.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
Wed.,	"	5.—Rugby Match v. Old Paulines. Home.
Fri.,	"	7.—Sir Percival Hartley and Mr. McAdam Eccles on duty.
Sat.,	"	8.—Rugby Match v. Old Blues. Home. Hockey Match v. D/Est Surrey Regt. Away. Association Match v. Old Chelmians. Away.
Mon.,	"	10.—Special Subject Lecture by Mr. Harmer.
Tues.,	"	11.—Sir Thomas Horder and Mr. L. B. Rawling on duty.
Wed.,	"	12.—
Thurs.,	"	13.—
Fri.,	"	14.—
Wed.,	"	12.—Surgery. Clinical Lecture by Sir Holburt Waring.
Fri.,	"	14.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Sat.,	"	15.—Rugby Match v. Coventry. Away. Hockey Match v. Chatham Navy. Away. Association Match v. Loughborough College. Home.
Mon.,	"	17.—Special Subject Lecture by Mr. Just.
Tues.,	"	18.—Prof. Fraser and Prof. Gask on duty.
Wed.,	"	19.—Surgery. Clinical Lecture by Sir Holburt Waring.
Thurs.,	"	20.— Abernethian Society: Prof. Blair Bell.— Mid-Sessional Address: "Team-work in Research, with Special Reference to the Nature and Treatment of Cancer."
Fri.,	"	21.—Dr. Morley Fletcher and Sir Holburt Waring on duty. Medicine. Clinical Lecture by Dr. Langdon Brown.
Last day for receiving matter for the February issue of the Journal.		
Sat.,	"	22.—Rugby Match v. Bradford. Away. Hockey Match v. Radlett. Home. Association Match v. Old Brentwoods. Home.
Mon.,	"	24.—Special Subject Lecture by Dr. Cumberbatch.
Tues.,	"	25.—Sir Percival Hartley and Mr. McAdam Eccles on duty.
Wed.,	"	26.—Surgery. Clinical Lecture by Mr. McAdam Eccles. Rugby Match v. Nuneaton. Home.
Fri.,	"	28.—Sir Thomas Horder and Mr. L. B. Rawling on duty. Medicine. Clinical Lecture by Dr. Langdon Brown.
Sat.,	"	29.—Rugby Match v. Plymouth Albion. Home. Hockey Match v. St. Albans. Away. Association Match v. Old Mercers. Home.
Mon.,	"	31.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty. Special Subject Lecture by Mr. Elmslie.

EDITORIAL.

THE Æsclepiads of Cos adjured us to take oath that "by precept, discourse and every other mode of instruction" we should impart a knowledge of the Healing Art to all. The delight of giving advice to one's fellow men ensures that our own discoveries are broadcast, but perhaps a New Year resolution to be more amenable to the advice of others might be beneficial to the advancement of medicine.

In the realm of new "precept and discourse" we have received Mr. Noel Jacquin's *Hand and Disease*, which might be considered. To quote: "Palmistic diagnosis is a study of the minute" . . . "Disease is caused through toxins, . . . which affect the nerves first, causing involuntary action to take place; this action is observable in the contraction or expansion of the (nerve) endings in the hand. This marking thus created indicates very clearly the cause of the disability." Diagnosis of nerve, kidney, lung or heart trouble by this means is possible. The eye specialist will note that "a small island on the cardiac line below the third finger indicates weakness of the optic nerve and danger to eye-strain." Cheiro's terminology is adhered to throughout. The author correlates his thesis with spiritualism, hypnotism and birth control. He is forceful: "The medical profession is the most courageous, the blindest and most foolish of any." "It's stupid, puerile, blind conservatism" (hence our New Year resolution). He is candid: "We have reached that stage of mental development when we realize our own imperfection, our profound ignorance and stupidity."

To those whose patriotic pride is too quickened by this record of British thought, we offer a "discourse" gathered by Mr. Mencken, to whose *Americana 1926* we are indebted for the following paragraph:—

"Contribution to the New Pathology by the learned Prof. Dr. W. A. Robinson, of Sisseton, South Dakota :

"Pernicious anæmia is a case of slowly starving to death, no difference how much they eat. When the food is digested in the stomach the liquid extract of the food passes into the small intestines, where it should be taken into the system through tiny tubes to make blood, flesh and strength ; but lying in wait are from 300 to 700 anæmias, many as long as the first joint of your finger. They absorb the extract of the food—THEY GET THEIRS FIRST—and the system gets what is left. . . . Some doctors say it is malnutrition. I agree with them, but it is no wonder ; the system stands no show when a hungry herd of anæmias get all the nutriment."

Dr. Waldo, the City Coroner, has written to inform us that the "inequitable and iniquitous" practice of disallowing fees to hospital and other institutional doctors for giving evidence and for making autopsies is abolished. The new Coroners' Act (1926) has received Royal Assent and comes into force on May 1st, 1927. The fees for autopsy and evidence are increased, and all doctors receive the same, irrespective of their status.

Dr. Waldo points out that the clause in the new Act empowering coroners "in certain cases to order a *post-mortem* examination at the hands of any medical practitioner, and at the same time to dispense with a public inquest, with the doctor on oath . . . is, in essence, an approach to the secret Scottish and French systems of inquiry into deaths by the legal official known as the Procurator Fiscal." Such a clause, the Coroner fears, will open the door to dangerous abuses.

The Students' Union Dance will be held at the Savoy Hotel on Wednesday, February 9th, 1927.

House Appointments for May, 1927.

Applications for these appointments will be received after January 23rd, 1927, on which day the notices of vacancy will be posted.

The list will close on February 20th, 1927.

The attention of prospective candidates is called to the two Regulations relating to House appointments printed below :

Candidates for the post of House Physician should have held appointments as Clinical Clerks in the wards of the Medical Professorial Unit for at least three months, except in special circumstances.

Candidates for the post of House Surgeon are required to have been Surgical Dressers to In-patients for at least

six months at the Hospital, one period of three months of which should have been spent in the Wards of the Surgical Professorial Unit, except in special circumstances.

Prof. Blair Bell, whose work at Liverpool upon the lead treatment of cancer has caused much discussion in medical circles, is to give the Mid-Sessional Address to the Abernethian Society. Both his subject—team-work in research, and his illustration—cancer research, promise a stimulating evening.

It is time a "Dictionary of Associations" was published at St. Bartholomew's for the elucidation of Christmas posters. One can grasp the identity of a concert-party called the "Gask-Bags," or the "Rawling Stones." "The Black Jack-ets" offers no difficulties. But it was not until we remembered that a surgeon had once, in a moment of justifiable provocation, called us a "humming-burdd," that we realized the "Pink Flamingoes" referred to his ornithological system of denoting merit, and not to the colour of another firm's casualty paper. The posters, which yearly grow more brilliant, embraced styles from that of Tom Webster to that of Mr. McKnight Kauffer.

On Christmas Day in the wards the parties themselves were no less all-embracing in their gleanings from the outer world ; gleanings serving only to decorate the innumerable talents which lie, throughout the year, buried in the napkin of hospital routine. The Residents, planets gyrating round the sun of Mr. Hunter's rubicund effulgence, echoed the Russian Ballet. The "Black Jackets" presented a lesser Lyceum, a pantomime complete with scenery, an elderly fairy queen, and an engaging villain. The "Charles-ton Vick-tims" were graceful and tuneful martyrs to their avowed malady, and during remissions were capably histrionic. Many parties held up a not unflattering mirror to the Co-optimists, while the "Golliwogs" perspired bravely in a costume and world of their own. Though the number of separate shows was only about half that of last year, the sum total of entertainment and enjoyment remained the same.

On Boxing Day Miss Winifred O'Brien and her company delighted the large children's party in the Surgery with a musical play, "The Love-Flowers." Mindful that body and soul are closely linked, Miss O'Brien brought, too, an enormous cake. Our blessings upon her. The "Flamingoes" gave a somewhat inaudible "repeat" performance of their show. Tea and more entertainment, by some gentlemen whose names we were unable to discover, were followed by

Mr. Hosford and Mr. Day, who made excellent and Gargantuan Fathers Christmas.

Christmas was, as ever, the creation of the hardworking goodwill of all in the Hospital, and it is with its glow still lingering in the cockles of our heart that we wish the readers of the JOURNAL a Happy New Year.

MISS MCINTOSH.

THE resignation of Miss McIntosh came as a great surprise, and the news of her retirement at the end of February will be received with much regret.

Miss McIntosh was appointed Matron of St. Bartholomew's Hospital in September, 1910. She has devoted herself unsparingly to the work of the Hospital, and those of us who have worked with her realize that her watchword was "Duty."

Much history has been made during these sixteen years. During the war the demands from the Admiralty and the War Office for nurses trained at St. Bartholomew's Hospital were many, and the supply was always forthcoming.

A continuous procession of V.A.D. and Red Cross workers came for voluntary work in the wards to gain experience, their presence involving infinite administration, which Miss McIntosh handled with tact and efficiency. The air raids and the air-raid warnings were a frequent occurrence during those four years, and Miss McIntosh was always to be found on duty, imperturbable. In 1917 the honour of Commander of the British Empire was conferred upon her, also the Royal Red Cross; she had been decorated previously, in 1914, with the Médaille d'Honneur de l'Assistance Publique.

Miss McIntosh has always had a great ambition to see the Nursing Staff adequately housed. This ambition has been partly realized, as two blocks of the new Queen Mary's Home are now in occupation, and she has spent much time and forethought in the equipment of this Home, and in plans for the comfort of the nurses.

Another great achievement has been the establishment of the Preliminary Training School, to give intending probationers initial instruction—a long-wanted addition to the curriculum of the Nursing Staff of this large Hospital.

Miss McIntosh will long be remembered for her unfailing courtesy, and we hope she will enjoy for many years her well-earned rest.

PSYCHOLOGICAL EVOLUTION.

FIND on testing that the constitutions of utterance, its origins and analysis, are as little known to the *Homo lalus* in general as is the precise chemical constitution of a cowrie to the native who handles it as currency. Yet is speech the coin in which soul pays soul.

So I venture to speak of the soul as shown in speech, that greatest characteristic of man (as apart from animals) by which each can hand on his entity to the third or fourth generation, or even, mayhap, to the thousands of generations. To speak of speech is to exhibit the fact that the soul is at once master and slave of words, masterly if understanding, a mere parrot if lost in Babeldom.

Sayce, fifty-two years ago, gave us a definition of glottology (glossus—tongue, glottis—throat; take your choice of both or either; glottology includes both).

The definition runs as follows:

(a) "Glottology will be the science of language, by which we are enabled to trace the gradual growth of the mind of man, whether displayed—

(1) "in the creation of language generally as an instrument of intercommunication, and the embodiment of the conceptions of the relations between thought and the world;

(2) "or in the triumph of the will over the mechanism of the bodily organs, and the limitations imposed in turn by them upon it;

(3) "or, lastly, in the evolution of the religious idea—in other words, in comparative mythology and the science of religions."

(b) Through glottology can be traced the fact that mind as body is an evolutionary product.

(1) Words convey our mind to one another.

(2) Words show a constant "conflict."

(3) Religious ideas, however conservative they may be, must evolve, or stand still mouldering in the past when all else moves forward.

The word "psyche" would be quite apt for the illustration of Sayce's definition; there is no reason why any one word in any one language should be chosen more than another; the definition covers all words of all and every language. I have chosen the word *ψυχη* from the Greek; yet it is not Greek more than English, more than Kamskhatkan. The word originated in the time of mental simplicity and its simple convincing expression, precedent by æons of the current story of Adam and Eve. This is a long proposition, but I hope

to unfold it quite shortly, so that the word itself speaks its history.

According to Messrs. Liddell and Scott, good authorities (are there any other authorities than facts?)—the word means “originally ‘any period’ of time,” then the freshest, fairest time, the time of bloom, springtime, Hora personified as was Hebe, seed time, the seasons, etc., etc. The only one amongst this set of meanings that “won’t wash” is the first. Nothing is more certain than that their “originally any period of time” is wrong. If we examine the ideation of this simple word we find in English a multiplicity of meanings which bring us to its origin, or starting from the word we can correlate a thousand English, French, Greek, and I have no doubt equally Choctaw and Kamskhatkan words which hold the English meanings of the Greek word; the meanings as also the form of the words will show their identity with or origin in common with *ῥα*.

First in pursuit of the simple idea Time, we correlate ‘hour,’ ‘jour,’ then a blank, then ‘year,’ ‘era,’ a still longer time, ‘eer,’ time indefinitely fleeting or future, ‘oer,’ time past, ‘hier,’ but yesterday, ‘here,’ now. We may learn to fill that ‘blank’ with *ῥα*, itself a monthly lunar period, for on considering Hora personified as was Hebe, we find the Horæ represented as maidens in the bloom of youth, Hera as *Bona mater* and *ῥα* is Mother Earth. Blooming maidenhood and ripe motherhood represent the seasons of womanhood with the one common periodical factor of “seed time,” whence by analogy ripe corn is ‘in the ear.’

Lest I be thought to be merely punning, I suggest to you a curious parallelism. The Erinyes are the Furies, fury is ire, Ireland is Erin, the furies are harpies, the harp is Ireland’s emblem. This is no fortuitous combination. Whether the Erinyes be Eumenides, Dysmenides or Menads pure and simple you will notice that the first syllable of Erinyes is ‘er,’ and the first syllable of Menads is *μην*, a moon or month.

To continue, Hora and seed time, whether personified or not, gave rise to a periodical time chart or calendar; but to calendar is to get up linen. The first calendar was evidently centred around a washing day; that day is still moonday or lundī. I shall only mention the word “cullender” or “colander” (a sieve or strainer) as a function of the calendar, for the subject is not altogether pretty; suffice it to say that Monday—moon day—is luna and linum (flax or linen) day.

The alternative to calendar is Al/men/ach, a rather obviously monthly count, in which the ‘al’ is equivalent to the French ‘sale,’ and to the first portion of the English sal/ve or sal/vation achieved in time past

with hyssop as in present times with other essential oils, or in rainy countries by water and soap, or maybe a bathe in the briny.

Hora Hera Rhea (*Bona mater*) and *ῥα* (Mother Earth) are the female complement of Eros. When “‘her’ does this” and “‘her’ does that” down in Devon, ‘her’ may be nowadays grammatically wrong, but the grammarian is merely expanding a correct expression in changing ‘her’ to ‘he’ and ‘she’ in the struggle for uplift of which Sayce speaks in (2) of his definition. ‘Her’ in Devon is both ‘era’ and ‘eros,’ female and male. This ‘her’ may confuse the purist in grammar even though he drop his aitches or make them ‘umorous and/or pedantic conventionalities, but I venture to say it never confuses Devonshire men in that interchange of thought which is the sole object of language.

The German “herr” has an “in” attached to it for femaleness. “In” or “ine” is after all a most appropriate female termination or else it would not be there—the instinctive grammarian at work. “Her”/bid and “his”/pid are identical in ideation.

And now we are approaching a time of conception and fruition in our glottology: *ῥα* is ‘hair,’ puberty, age, *capitas ag/ere*. ‘Hair’ is the age of herr or herrin, mastery and mistress-ship, a function of the ‘hour’ whether as mastery, mystery, history or hysteria.

Of course *ῥα*, “any period of time,” cannot cover ideation such as eternity “originally”; such a supposition would infer that the evolving animal thought more of his future than his present (this taking thought for a nebulous future, which has been the subject of fairly recent rebuke, is a sedulously inculcated vice of the present day, and more especially of the nineteenth century, rather than of primitive times), but on Sayce’s definition (2) one can readily see how a particular bodily period duplicates itself so that a monthly washing day becomes a weekly washing day also, and a month becomes so far the equivalent of a week, with Luna as its patron saintess, in that dominant characteristic of civilization (said to be “next to” instead of essential goodness) which brake the neck of a high priest*, which has made whole peoples circumcise themselves (where they cannot get water for aptising, ablution or absolution and a sand-bath is too scratchy as an alternative)†, and which has put whole peoples into clean clothes and a scratchy collar on Sunday and on to cold vittles the day following—with words and customs to match each occasion.

The records of the word suggest a gradual extension

* Eli.

† The Aboriginal Australian for one.

of the idea to eternity. The Greek Horæ guarded the doors of heaven and promoted the fertility of the earth. 'Houri,' the paradise of the Mahomedan, filled Bowdler with contempt which he roundly reflects on Gibbon. Bowdler removed his neighbour's landmark; that act of Bowdler's is its own condemnation, only emphasized by the chapter in which most unreasonably he proceeds to divorce cause and effect in history. We can leave the emancipation of women lately achieved in Turkey, to wipe out the slavery of women perpetuated into the Paradise-ideation of Mahomedanism (I think this is bound to follow in time), meanwhile noting that the 'ever and ever' of Mahomet is wrapped up in the blissful word 'Houri.' In England we call it digammated 'Hora,' spelled 'whore,' also blissful in earlier days, but now a term of reproach for which we (without substitution) substitute 'dear,' still embodying the 'ear' of seed time, as also expanding the meaning to higher things and things of real and further fictitious value.

Our eternity is 'ever and ever,' 'eer and eer,' 'ver and ver,' *i.e.* spring to spring, age to age, generation to generation. An 'heir' is of age. Heirship implies *capacitas agere*, the capacity of age on its own account. Medicine and fact placed this age of indiscretion and discretion at 12 years for a girl—rightly or wrongly one religion places this at 12 years for one social purpose*, and our English law and practice places it now at a much higher figure for every social purpose. An 'over and over' or 'ever and ever' is therefore two generations—24, 32 or 42 years "all according." To the thousands of generations adumbrated by Moses in his adoption of a correct preconception into the second of the Decalogue, is a very long time, yet a finite and comprehensible one—an age, an everlasting, an everlasting, an eternity.

The fact that the heavenly lunar period coincides with the bodily lunar period cannot be fortuitous. I suppose the boys and girls of Homo-almost-alalus came out to play in the moonlight with a persistence which eventually stamped the cycle, even as it has stamped a homological cycle in the Palolo worm. Eventually they recognized the coinciding of the heavenly period which perfected the earthly with this latter, and thus—why not?—arose a community of terminology for both periods and a cult of Silene under whatever name. Such a cult still further stamped the periodical time function until some ripe jester, subject to a glottological influence whose breadth and depth he may or may not have gauged, with true word can reflect that the moon influences both tide and un-tied. The lunar cult is a deep evolutionary

* " . . . that if a girl being more than twelve years desires to take the religious habit . . . or knows what she is doing . . ."
Synod, Session 25, Cap. 17.

phase in the history of man, the influence of which will not be obliterated while man is still man and no angel.

There are recent and future threads and clues of mental ascent which still glisten in the moonlight on the hitherto trodden path or cast their shadows before respectively. I have lately seen a lady solemnly bow seven times to the crescent moon, thank her stars she had not her glasses on and turn her money—this an obviously Christian lady.

The Latin month or calendar was divided into Kalends, Nones, Ides and Antekalends; still in name and period the four irregularly spaced phases of bodily mean function in potential *mænads*. Although to one half—the female half of the world—the nones and ides is still notched out as being important (and by reflection from this is very important to the other or male half), even here the count is fast losing its significance, too large as it is for modern emancipated life. Rightly or wrongly (only time will show) the girls are trying not to be so hysterical and Eton-crop their hair (their aureole of glory or *ὥρια*). The inconvenient irregularity of the bodily method of dividing monthly time gave place to four equally spaced weekly periods, backed up by the physically symmetrical seven-day phases of the heavenly moon.

In general solar annual time has usurped the place of lunar; thus has lately arisen the bother about the queen of heaven's relative irregularity (of course my reference is to the moon crescent at the base of Murillo's Annunciation and similarly placed in John S. Sargent's conception of Astarte). The Ishtar moon is to be internationally brought into neglect, so as to give us a holiday or holy day period (same word, same thing—anyhow an extra "day of rest") which is not so inconveniently dodgy in the annual calendar as at present—a fixed Easter date. We may thus see another old tie between time and bodily function torpedoed in front of our opened eyes. Another "triumph of the will over the mechanism of the bodily organs," though thanks to our orientation through Ishtar to Easter these organs still ever impose their limitations upon the mind as upon every other phase of that which we call life—up to and including, as Voronoff has clearly demonstrated, the very determination of its short journey's end.

Does not the exact meaning of the term "conflict" in the human mind become clear? Our origin mentally as bodily is base; what wonder Freud finds that baseness on examination, particularly if he examines those whose top storey and latest hereditary acquisition is loosed or knocked off, and what wonder that his commentators are divided into the *hæmoptisic* and those who, equally, damn with faint praise.

"Conflict" has already had its ample expression as follows: "The spirit warreth against the flesh." "The spirit is willing but the flesh is weak." "You don't like what you only like too much, you do like what if given you at your word you find abundantly detestable."* The first man, Adam, was made a "levend ziel," the second Adam a "levendmakenden geest"†—the first a 'levend zeal,' and the second a 'leven making yeast.'

So, amongst the psycho-analysts, conscious and unconscious, are to be numbered Coué, the Welsh witch doctors, the priest of every denomination (especially those who undertake to play the *ἱερεῖς*), the spiritual healers, and every man that lives on the face of the earth (male includes the female, especially the gossiping ones).

Psycho-analysis should, but can only with difficulty be made to stop short of that complete subversion of the mind which turns the 'ora' et obseca of the needy in "conflict" into the *ῥῶπα* which is at the base of their need, or into that mental 'aura' which is akin to the one of Jacksonian epilepsy; a very great restraint should be the more exercised by all in having a knowledge of ourselves—that is, of that basis of the human mind whose child and parent is the expanded and expounded world.

I close on a mystic note with, however, much less mysticism in it than looks to be. In heaven there is neither marriage nor giving in marriage: *ὁυπανος* and *γατα*, heaven and earth (the old idea of marriage of the gods which obtained when the words I quote were spoken) pass away, but the *ὦ* and *ἄ* ever remain with us to explain the word and reform the 'era,' to make a new "*ἔρα*" and a new uplift, a new earth and heaven,‡ a new dispensation fit for the heroic, wherein they may attain and germinate more abundant life than can be afforded to and by the mere homologue of the Palolo's tail.§

The old or/d/er changes, giving place to new in "regular methodical arrangement," "periods of time," "health and proper conditions of body and mind," and "established usage." Er/d/e means earth, *i. e.* 'ἔρα'; the old 'era' changes giving place to new and . . .

Hence our 's/urd,' or "quantity incommensurate with any unit known to man," "uttered with breath but not with voice," "not capable of being rationally

* Fra Lippo Lippi—Browning.

† The Dutch Testament—"Levend" and "levendmakenden," opposed, and more illuminating than "living" and "quickenings" of the A.V.

‡ Past participle of "to heave," *i. e.* uplifted, raised or leavened. To heave = lever (F.).

§ Eunice Viridis shakes off its tail containing the mature sexual elements, to swarm with other tails at dawn on the day before the last quarter of the moon and the next day in October, and again in November. Eunice thus has two Ishtar moons each year.

expressed," though indeed the poet has somewhat substituted an expression on our behalf, while the scientific worker has pressed forward to a knowledge of the *Surd* which has opened fresh vistas of complexity and glory to every thinker.

W. M. WILLOUGHBY.

A CASE OF CAROTID BODY TUMOUR; LIGATURE OF COMMON CAROTID; EXCISION OF TUMOUR.



WOMAN, aged 24, complained of a painless swelling in right anterior triangle of her neck.

For three years it had steadily enlarged; there were no other symptoms. Four months ago her tonsils were enucleated by the Throat Department, but swelling gradually increased in size.

On admission she was a normal, healthy woman, except for a swelling in the right anterior triangle of her neck—2 in. in length, 1 in. in breadth. The skin was normal and quite free, the swelling was smooth, hard, of regular consistence, slipped about in the tissues from side to side, but was attached deeply, and one could not get deep to it. No other swellings in neck.

Operation (July 15th, 1926): The swelling was found to be encapsuled, was very vascular, and resembled thyroid gland. The common carotid artery was seen to enter lower pole of swelling and bifurcate therein; the internal and external carotids with the lingual and facial arteries were seen emerging from upper part of the swelling. The common carotid artery and internal jugular veins as well as other arteries were ligatured, and the tumour was completely excised. General condition of patient good.

July 16th: Temperature, 100°; pulse, 94; respirations, 20. Patient had a very restless night with much vomiting. She threw herself about, was irrational; complained of headache, would not "take anything," fought with nurse and pulled her dressings off. Wound healthy. Morphia and hyoscine were given.

July 17th: Maniacal, shouted out weird requests, would not heed requests; waved her right arm and leg about, but there was a definite left-sided hemiplegia. She was incontinent of fæces and urine.

July 18th: Mental condition as on July 17th; still incontinent; paralysis of left face, arm and leg.

July 19th: Same as day before.

July 20th: Much quieter. Complained of frontal headache; burst into tears when spoken to; continent; took nourishment. Hemiplegia *in statu quo*.

During the next week she became quite normal mentally, but the paralysis remained the same. The limbs were splinted and she had massage.

July 28th: She began to flex and extend shoulder and hip, and also circumduct these joints. These movements became stronger each day, and in four days she was using the elbow and knee, but she still had wrist- and foot-drop.

August 18th: She was discharged to Out-Patient Department, normal mentally, with good function of shoulder, elbow, hip and knee, but still marked wrist- and foot-drop.

When seen in Massage Department on September 18th she was normal, except for slight dragging of right foot occasionally, also dorsiflexion at wrist was not quite as strong as that of left wrist.

Dr. T. H. G. Shore demonstrated the bifurcation of common carotid, also internal and external carotids with superior thyroid, lingual and facial arteries, running in the substance of the tumour. He holds that the tumour is an adenoma of carotid body rather than an endothelioma.

The prognosis was regarded by many who saw her on July 17th as hopeless.

I am indebted to Mr. J. E. H. Roberts for permission to publish these notes, and to Dr. Shore for examining the tumour.

M. G. FITZGERALD.

ANECDOTES FROM THE HISTORY OF MEDICINE.

(The result of a few hours at the Wellcome Historical Museum.)

THIS is not going to be a guide or handbook complete with neatly coloured plan having arrows marking main points of interest. We wish to steer a middle course between such dry bones and the more stridently sensational, for, though it would be easy enough to follow in method the descriptions of this Museum which have appeared in the daily papers, the temptation were undoubtedly better resisted.

We can with safety therefore pass lightly over the section of primitive medicine, for books like the *Golden Bough* have made many people conversant with these things. Fetish figures, costumes of witch-doctors, weird native ceremonial masks, and even a reconstruction of a medicine-man's hut in New Guinea will appeal to the novelist more than to the medical scientist.

Aspirants to brain surgery will, however, stop for a minute at the collection of skulls trepanned by natives

of Western Australia using flint-scrapers. The origin of trepanning goes back to the Neolithic period, when the primitive medicine man scraped holes in the skull of his patient with a sharp flint to allow the demons of disease to escape from his body. The operation was evidently often done more than once on the same person, the bits of skull excised being used as amulets, thus combining business with pleasure. The Indians of North America mainly trepanned the dead skull for purposes of preservation. In early times epilepsy and insanity, both of which were supposed to be due to



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AN AMPUTATION—THOUGH NOT AT THE MODERN "SITE OF ELECTION."

demoniacal possession, were treated by trepanning to allow the obnoxious intruder to escape, and this treatment survived until 1603. It is interesting to compare these facts with a recent clinical lecture at this Hospital, in which the treatment of epilepsy by decompression was described. In New Ireland and many of the islands of the South Seas trepanning is commonly resorted to by the natives in the treatment of head injuries, of which, to judge from books on treasure hunting, there must be a good number. Hippocrates (460 B.C.) describes an instrument for trepanning with a circular motion; the Romans used a bow drill, described by Celsus; the instrument used by Ambroise

Paré in the sixteenth century was worked by both hands with a circular movement, and had a bore similar to the tool of the carpenter. But it was not till the early eighteenth century that the *trephine*, with the handle transversely, the cylindrical saw and centre-pin, was devised.

Round the main hall are cases dealing with the evolution of surgical and obstetrical instruments. This series shows that surgery became a science in recent times, not so much through individual skill or specialization of instruments as through the introduction of two new factors—anæsthesia and antiseptics. Primitive surgery included all the rudiments of the art. The earliest surgical instrument was in all probability not the specialized leaf-shaped flint or "celt," but rather some fragment sharpened as to edge and point by



PHYSICIAN EXAMINES THE MORNING SPECIMEN AT A HOSPITAL:
THE IMPORTANCE OF INSPECTION.

accidental flaking, as in the obsidian* knives of Peru. By means of these sharpened flints or of fishes' teeth, blood was let, abscesses emptied, tissues scarified, skulls trephined, and at a later period ritual operations like circumcision were performed with the primitive celts themselves. The thorns used by natives of Mombasa in sewing up wounds are rather instructive, as are their methods of suturing. They pass the thorns through each edge of the wound and then lace the string round the thorns. The fibre is cut from the root of a tree (no elaborate kangaroo-tendons for them!). It is first chewed, then drawn into strands, which are roped into string with the hand against the leg. Suppuration, you will be amazed to hear, was quite common, and Michel's clips or a subcuticular suture might, in our opinion, produce a less prominent scar; but a surgeon in Theatre A, though doubtless proud of his powers of

* Obsidian is a dark-coloured vitreous larva, rather like common bottle-glass, which it resembles, too, in its breaking properties.

technique, would be stumped if presented by a dresser with some string tied to a thorn.

Samuel Pepys in the seventeenth century made a considerable outcry (at any rate in the unexpurgated edition of his works) over his operation for stone, and no doubt it was a bloody and painful business. At any rate, by 1790 the lithotomist had a choice of 19 methods to use. The simplest of these, "le petit appareil," required two instruments only—an ordinary bistoury to make the incision, and a crotchet to withdraw the stone (with luck). Celsus was the first to describe "le grand appareil"—the common method and probably the one Pepys met with—which was introduced by Jean de Romanis, lithotomist at Rome in the fifteenth century. A formidable affair, it consisted of a catheter, grooved staff, conductors (male and female); lithotomy forceps, scoop and gorget, the descendants of some of which only become familiar to many of us after several of Sister Theatre's instrument grinds.

The dental forceps was with little doubt first suggested to primitive man by the forefinger and thumb, which formed the natural method of extraction before the string-and-door-handle came in. Teeth are still extracted like that in the Far East, and native dentists in Japan practise the operation with the finger and thumb with great dexterity. No doubt ju-jitsu plays a part in the business.

When hard put to it, a man will apparently use almost anything as a lancet. The finger-nail naturally comes to one's mind (it was, in fact, the earliest form of lancet), and it is recorded that the Babylonian priest-physician allowed his nail to grow and sharpened it, so that he might use it for surgical purposes. The medicine-men of many savage races also use the nail as a lancet, and the same custom is reported to exist to-day among country practitioners. Native surgeons in the Pacific Islands use the shell of the murel, a freshwater mollusc, for surgical purposes. In addition, thorns, a sharpened piece of bamboo or tooth fastened to a stick, were all employed. The Romans, in their superior way, used bronze.

Cupping was very early discovered, the cupping vessel being an emblem of the Æsculapian cult. It is mentioned in the Vedas (the hymns of the Hindus) which were passed down in the dim ages by word of mouth from generation to generation, and were at last written out somewhere about 2000 or 1500 B.C. It was used by ancient Egyptians, but passive congestion was carried to lengths Bier would have been ashamed of. Wet cupping was chiefly employed. When the part has been selected and scarified, the mouth of a small horn is greased and pressed over the wound; a partial vacuum is then created by suction through a hole in the top of the horn, which causes the blood to flow.

Obstetrics is a subject widely dealt with both here and in other portions of the Museum. Among the instruments which figure prominently is the traction hook, which is one of the earliest gynæcological instruments known. Its shape was first suggested by the bent forefinger.

A close student of Eden's *Midwifery* will have discovered an account of the Chamberlens, with a picture of the improved forceps they invented and kept secret for three generations till 1813. These instruments are remarkable for possessing for the first time a cephalic curve. The whole family tree of the obstetrical forceps is represented here.

One of the earliest forms of the vaginal speculum is the tubular instrument used by the Hebrews. The *Talmud* states: "How does she examine herself? She introduces a trumpet-shaped tube, then she passes through the lumen of the tube a rod with cotton tampons at its extremity. If, on withdrawing the rod, the woman sees blood on the tampons, she may be sure that the discharge comes from the womb." The Hebrew tubular speculum is the prototype of our modern tubular instrument (Fergusson's), and in its earliest form was probably a bamboo internode or the stem end of a gourd.

A collection of "parturition chairs" will raise the interesting subject of the position employed by the women of primitive peoples during labour. These chairs were the rule in Cyprus, but the North American squaw used to sit on her husband's knees or cling round the neck of the strong man of the tribe. In Mexico the woman was hoisted by means of a rope passed under her arms, so that she was suspended from the branch of a tree, whereupon the midwife put her arms round her waist and pulled down with all the force at her command. It is comforting to note that this was only needed in exceptionally difficult cases, but the main cause of death during labour in primitive peoples being the transverse presentation, a little less force and an external version would probably enable them to dispense with a tree. Many primitive peoples leave the placenta to come away by itself, with varying results; the Sioux Indians aid the process by means of their famous Sioux belt, which is well illustrated in action.

But the Museum is not all as serious as the above account would suggest. There is plenty of opportunity for the humorist or the philosopher. The former will concern himself, for instance, with an excellent collection of the notorious chastity belts much in vogue during the Crusades—a dangerous time for matrimonial permanence. The knight, who left nothing to chance, locked his wife up in a sort of iron T-bandage and took the key with him. An illustration from an old manuscript depicts

such a ceremony taking place, and behind a screen is depicted the other limb of the triangle with a skeleton-key. Another, which is only exhibited to the elect, shows a knight after his return from the East ruefully meditating, in the company of his wife, upon the ease with which keys may be lost when one is on active service.

At one time the only cure for any ill was the enema syringe. This was much in fashion at the Court of Louis XIV, and the Grandes Dames are shown receiving their *en. sap.* with their *petit déjeuner*. It did not matter much what was injected—water, scent, tears even—but "*la clystère*" was an object of reverence. Voltaire and Molière made play with it, and to Watteau it was the doctor's insignia of office. There are many amusing stories of complications in this connection, often well illustrated, into which we cannot enter here. One poem from an old French book we have rendered metrically as follows:

"A glutton a-dining
His stomach was lining
With the whole of a salmon large;
Leaving only the head,
He fed and he fed
Till he burst like a musket charge.
The Doctors collected,
Hot salines injected,
And begged him arrange his affairs;
He said, "I'm afraid
My decision is made;
Make a little less fuss *mes confrères*.
Pray fetch me that dish
With the rest of my fish
And let me get on with the head
—till I'm dead."

Space precludes further description. Those whose tastes run towards alchemy or other occult sciences, or any of the kindred subjects we have not mentioned, need only go and look for themselves.

We are indebted to the Conservator and Librarian of the Wellcome Historical Museum for help in collecting many details.

F. C. R.

A SERIOUS OPERATION.

"MY Nice as been through a Serious Operation five week a go to day She went into a Nurcing home for it to be done She had Stones in they gall of they Liver & they Liver was so coated it (? had) to be clean(ed) & Some of her pendance had to be cut away She gotten owne Splendied Now & will be a Nother woman after four year of pain She could Not of gone owne Much longer Dr. — found when She went to him. that kept Me from writtin you earlyer wonndring how it would go with her She beeing So Stout I am thankfull to Say every thing as turn out so well."

DRAMATISTS IN HOSPITAL.

ANTON TCHEHOV excelled in the writing of drama which had none of the repercussions of dialogue and action that are so evident in the "well-made play." He aimed rather to express the souls of his characters by their seemingly inconsequential utterances. It was strange that Tchegov, himself a physician, peculiarly apt in the portrayal of "the futilitarian aspect of life," had left no dramatic record of the surgical side of hospital life. Patient research, however, has revealed a manuscript which is here published.

SCENE: *A Theatre. An abdominal operation in progress.*

TIME: *Late afternoon in winter.*

SURGEON (*peering through steel spectacles*): Can we find it?

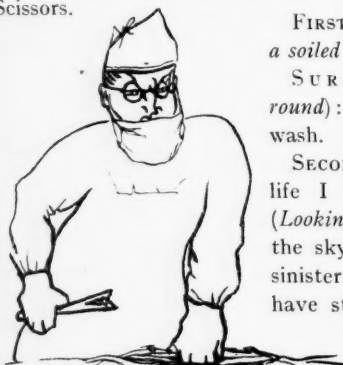
HOUSE-SURGEON: Interminable search! What time one wastes searching! In twenty years I shall still be searching appointment columns. Then I shall be—



SURGEON: Too rigid. I can't work with it heaving like this.

ANÆSTHETIST: I ought to have been a sailor. Aye, aye, Sir.

HOUSE-SURGEON: What does work matter? Too rigid. Too living. Living things are repellent. They heave and will probably be sick. (*To FIRST DRESSER.*) Scissors.



And yet time unwinds like—

SURGEON: Number three thread!

FIRST DRESSER: How can a man like that command love? Asepsis? That's talk. That patient is sensible because he doesn't talk, and he is insensible. (*Explodes into melancholy laughter.*) Asepsis! I once knew what that meant. But that was in the Rooms. Or is it a religion? I need a religion.

PROBATIONER (*watching the SURGEON*): His hands! His hands! They are so gentle. (*Weeps quietly.*)

FIRST NURSE: Why are your eyes so wet?

PROBATIONER:

It is the ether. It tickles my throat.

FIRST NURSE: Poor child. I know. I understand. (*Enfolds PROBATIONER in her arms.*)

SECOND NURSE (*bustles up*): Pour-quoi pleura-t-elle? Oh yes. But I cannot waste time. I must go to the sterilizer.

HOUSE-SURGEON (*clipping loose ends of thread meditatively*): Yes. We dislike the living, so we hide from it, and peep at it through a little hole in a cloth. We hope to glimpse eternity—and see the sigmoid flexure. Mere—

SURGEON (*looks up*): Gut.

SECOND DRESSER (*handing silk*): The mists will be rolling round the Fountain.

SURGEON: No. Gut, you —

SECOND DRESSER: But, Little Father—(*is not noticed*).

ANÆSTHETIST (*to SECOND DRESSER*): Don't worry. Don't be sad. Look. See how silly eyes look when you roll back the lid. Fishy. And the chest goes up! and down, up! and down, like a schooner on a wind-swept sea. Ugh!

FIRST DRESSER: How bored I am.

SURGEON: Bandage her. (*Walks away, handing his mask to PROBATIONER who holds it to her cheek, crooning over it.*)

HOUSE-SURGEON: I'm tired. I'm tired.

(*Two big men enter. They take the patient away.*)

FIRST PORTER: Lumme. What a weight.

SECOND PORTER: Ah, not as heavy as the stomach in travail.

PROBATIONER: I feel so happy. Soon he will scold



me, and then I shall cry tears of great happiness. (*To the others.*) Poor things. Here is tea.

SECOND NURSE (*to PROBATIONER*): Ma pauvre. You are quite fey.

SECOND DRESSER: It is dark and we have lost the day's bright beauty. Tea is all that is left us now.

[CURTAIN.]



M.

ABERNETHIAN SOCIETY.

The fifth ordinary meeting of the Abernethian Society was held on November 25th at 5.30 p.m., in the Medical and Surgical Theatre, Mr. Barnsley in the Chair.

After the minutes had been read and confirmed the President introduced Sir Thomas Legge, and called on him for his address upon "The Duty of the Medical Practitioner in Regard to Industrial Disease."

SIR THOMAS LEGGE, after a little personal history, in which he admitted that it was his Clerkship on District some forty years previously which had turned him into the paths of preventive medicine, said that in general practice, of all the forms of ill-health that due to occupation was the most important. The Act of 1895 laid a statutory obligation on all practitioners to notify certain cases of industrial poisoning, and the Workmen's Compensation Act has a list of twenty-five diseases which entitle compensation. The following description of various industrial diseases was well illustrated by several excellent charts.

Lead poisoning dominates industrial diseases, some 20,000 cases having been reported in the first quarter of this century. The cumulative action is shown by the fact that 2 mgrm. of lead inhaled per day will give chronic nephritis. The poisoning in house-painters was of especial importance, but lead absorption must not be called poisoning; thus a blue line on the gums was only evidence that the patient worked with lead. The same applied to mercury poisoning, for every thermometer worker in Clerkenwell was nervous and even trembling, but that was only absorption, not poisoning. Arsenic poisoning was seen mainly as skin lesions and pigmentation, but arseniuretted hydrogen produced one form of toxic jaundice, and

80 c.c. of this gas was a fatal dose. Toxic jaundice was first discovered in the early days of the war, due to tetrachlorethane used in the dope for aeroplane canvas; its mortality was 30 per cent. Phosphorus poisoning was now of only historical interest. Anthrax was a disease of workers with wool and hides, and the number of cases reported annually had been fairly constant over the last twenty-five years. Epitheliomatous ulceration, on the other hand, had rapidly increased in prevalence, probably owing to the increasing use of mineral oils, and 200 cases were now reported per annum, over half of which were in mule-spinners. It was instructive to contrast it with chrome ulceration, which never became malignant.

Industrial poisoning was best prevented by influences external to the workman, since any provision, such as the wearing of respirators, which depended directly upon the workman for its success, was generally avoided or at best only partially observed. All lead poisoning was caused by the inhalation of dust, and thus its prevention was simply the efficient removal of all dust by fan-suction methods, etc. Such methods, however, were not possible in the case of house-painting, and hence the importance of every case of lead poisoning in house-painters being reported, in order to strengthen the hands of the Factory Department in the matter.

Sir Thomas Legge then showed some excellent slides of various industries and industrial diseases. Anthrax was now efficiently treated by Sclavo's serum, which was first introduced to this country *via* Bart's, and furthermore there was now a Government factory at Liverpool which by the use of 2½ per cent. formalin solution completely destroyed the anthrax spores in wool.

The speaker concluded his address by a survey of the medical men working for the prevention of industrial disease; to some 150,000 factories and an equal number of workshops there were only five inspectors of factories, and the bulk of the work was done for nothing by the certifying factory surgeons, who received the smallest fee offered by any Government Department—"a bob a nob."

The meeting, which owing to the dense fog was considerably below normal strength, expressed its appreciation of Sir Thomas Legge's address, and was then adjourned.

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. DEVONPORT SERVICES.

On Saturday, November 27th, at Winchmore Hill, the Hospital won an even game by a try and a penalty goal—6 points—to a try—3 points. Rait-Smith returned to the side, but in addition to the absence of Guinness, Gaisford was unable to play. Row turned out at full back. The ground was still very heavy from the recent rains, but was not wet enough to make the ball slippery. From the kick-off we attacked, Pittard hooking well, and T. P. Williams sending out beautiful passes from the base of the scrum. Unfortunately, though, Prowse and the centres were not passing well, so that the attack rarely looked dangerous. In addition to these faults the three-quarters did not run straight, so that when a pass was given to a wing he was cramped near the touch-line. The frequent kicks ahead always found their full-back, Surg-Lieut. Joyce, in position, and he returned the ball well to touch.

Owing to a late start it was only possible to play thirty minutes each way, and even then the game finished in darkness. With all our pressure in the first half we could only score through a penalty goal kicked by Bettington from thirty yards out. Early in the second half we increased our lead through a try by T. P. Williams. He followed up a bad pass out from their side of the scrum, dribbled skilfully to within a yard of their line and then picked up to score a good try, which Bettington failed to convert. During the last twenty minutes we only rarely were in their half of the field, and for the greater part of that time were defending desperately well in our "25." However, we succeeded in keeping our line intact except for one try, which Lieut. Branson scored seven minutes before the end.

Apart from their full-back, Joyce, and T. P. Williams, who was

in his best form, the outsides were a long way below the standard of the forwards. Both packs were very good. Pittard hooked well and Maley's work in the line-out was most valuable. At back Row made several good runs, but he was too frequently tackled in possession; but then, of course, he is not accustomed to play in this position. The fly-half and centres must run straight. If they are going to use the kick ahead they must look to see where the full-back is before doing so and then judge their kick accordingly. Again, in this game, there were several times when Row had followed up and no one dropped back. The full-back position must not be left vacant. If the full-back is not there, then a centre must fall back. We hope that this most welcome success will stimulate the side to still further efforts, and that it will give a really good account of itself in the coming series of "home" matches.

Team: A. W. L. Row (*full-back*); A. H. Grace, G. F. Petty, B. Rait-Smith, W. J. Lloyd (*three-quarters*); C. B. Prowse, T. P. Williams (*halves*); E. S. Vergette (*capt.*), R. N. Williams, C. R. Jenkins, R. H. Bettington, M. L. Maley, D. S. Briggs, T. J. Pittard, H. D. Robertson (*forwards*).

We were very pleased, after the game, to be able to entertain the Services team to dinner. We all hope that we shall hear a great deal more of Sergt. Jones, who has a magnificent voice. Hunter's stories were as well told as they were good and we could not have too much of him.

ST. BARTHOLOMEW'S HOSPITAL v. ROYAL NAVAL COLLEGE, GREENWICH.

On Saturday, December 4th, in ideal conditions, we played a drawn game at Winchmore Hill, each side scoring eleven points. We scored a placed goal, a penalty goal and a try, to the Naval College's placed goal and two tries. As Gaisford was still unable to play, Frederick was brought in at full-back. Guinness was still an absentee, and neither Jenkins nor Bettington turned out.

From the kick-off we attacked, and for the first five minutes remained in their "25." Then, within four minutes the Naval College twice found gaps in our defence and scored two tries, the second being converted. Vergette then roused the Hospital and we returned to the attack, and Pittard kicked a good penalty goal. Pittard hooked well, the forwards heeled quickly and T. P. Williams passed the ball out smartly, but Petty twice badly dropped passes. The attack was kept up and R. N. Williams and Maley were prominent in a good dribble. After twenty minutes' play T. P. Williams worked the blind side and, after selling the dummy, passed to Lloyd, who dashed over in the corner. Pittard converted with a magnificent kick. This brought the scores level, and as the backs were now passing better we hoped we should soon take the lead. This we did five minutes later, but not by a passing movement. Maley secured the touch-down following a rapid dribble down the touch-line. Pittard was unable to repeat his success. Again we attacked. Vergette was nearly over, so was T. P. Williams, and Pittard nearly dropped a goal from a penalty. Towards the end of the first half Rait-Smith and Frederick were called on to relieve with long kicks to touch.

In the second half the Naval College started off with great dash, but good dribbling, in which Robertson and Briggs showed up, and keen tackling, kept the play in mid-field. From a scrum near their "25" line the ball came out to Prowse, who elected to attempt a drop at goal with the whole "three" line waiting outside him. Lloyd was unlucky when, after an excellent run down the touch-line, he dropped the ball over their line. After twelve minutes the Naval College lost a man, who was off for the rest of the game all but a few minutes. As so often happens after a casualty, the remaining fourteen men played up with even more dash. They attacked almost continuously, but were beaten back at times by good dribbles by our forwards. When we did get the ball Prowse was much too selfish. Ten minutes before the end the Naval College drew level from a try scored following a throw-in from touch, just bordering on the 5 yards. The throw-in, however, was allowed by our touch-judge. The kick at goal failed. For the rest of the time it was the Naval men who most looked like taking the lead, but our defence held out.

Frederick made a most welcome return to form at full-back. He fielded splendidly and his kicking has more length without losing any of its accuracy. Lloyd played the best game we have seen him in, and his resolute running deserved more attention from his fly-half and centre. He tackled well. Rait-Smith must run straight and pass sooner. He and Grace tackled well. T. P. Williams was always prominent and did his best for Lloyd. The ball must be

passed out to the wings with greater speed for them to have a chance. We have mentioned Pittard's kicking and hooking. He, and his fellow front-row forwards, R. N. Williams and Robertson, were also seen to advantage in the loose. Vergette, as usual, was always on the ball, but the pack should not make it necessary for him—as they do—to expend so much energy in keeping them up to it. Capper thoroughly justified his inclusion. Maley played his usual sound game, and Briggs and Gonin, while frequently dribbling well, were too often offside.

Team: E. V. Frederick (*full-back*); A. H. Grace, G. F. Petty, B. Rait-Smith, W. J. Lloyd (*three-quarters*); C. B. Prowse, T. P. Williams (*halves*); E. S. Vergette (*capt.*), R. N. Williams, M. L. Maley, D. S. Briggs, W. M. Capper, M. W. Gonin, T. J. Pittard, H. D. Robertson (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL v. UNIVERSITY COLLEGE SCHOOL OLD BOYS.

At Winchmore Hill on Saturday, December 11th, conditions were almost perfect, the ground being perhaps a little too sticky in places. We won an interesting game by a placed goal, a penalty goal and two tries—14 points—to a placed goal—5 points. Gaisford and Guinness were still unable to play and the outsides were rearranged. Grace was moved from the wing to the centre, Rowe playing outside him, and Prowse was moved to play inside Lloyd. Roxburgh was brought in at fly-half.

Soon after the kick-off, from a free kick, Bettington found touch in their "25," and we attacked. The forwards were getting the ball, Pittard hooking well, but at first the rearranged back division were too slow in carrying out their movements. U.C.S. relieved, and Browne, their left wing, went over, only to drop the ball as he fell. Back in their "25," with the "threes" in position to attack, Roxburgh made a very feeble attempt to drop a goal. There are times when a drop at goal is the best thing to do. This was not one of them. After twenty minutes' play the ball was passed smartly out to Lloyd, who made a delightful run along the touch-line to score in the corner. Bettington converted with a very good kick. Within five minutes U.C.S. drew level, a mistake in defence letting Hiscocks over on their right. McKenzie's goal was as good as Bettington's.

In the second half Bettington only just missed the goal from a penalty kick forty yards out. Lloyd was then given the ball with plenty of room to move in, and he showed us he could move. He ran outside his opposing wing, swerved inside the full-back and scored between the posts. Through careless placing of the ball Bettington missed the goal. A few minutes later Prowse followed up a dropped pass by one of their threes, kicked over their full-back and scored a try, the ball bouncing very luckily for him. Bettington could not convert, and a few minutes later just failed from another long-range penalty kick.

After we were nearly over again on the left, U.C.S. attacked and nearly scored twice. T. P. Williams then intercepted near the half-way line and sent out a beautiful long pass to Briggs, who unaccountably knocked on. U.C.S. were now getting the ball in the line-outs and their threes were only kept out by determined tackling. The pressure was relieved and Lloyd was given a clear run in, but he missed his pass. Bettington kicked a penalty goal.

At back Frederick played even better than last week, and was very safe. The threes were consistently good in defence, but in attack they were patchy. Much of their passing was wild, and often they hung on too long. Still, they were a distinct improvement, and Lloyd's tries were very good. Roxburgh started shakily, but improved as the game went on. He tackled well. T. P. Williams suffered from not knowing his fly-half. The forwards were not as good as usual, though Pittard was hooking well.

Team: E. V. Frederick (*back*); J. T. Rowe, A. H. Grace, C. B. Prowse, W. J. Lloyd (*three-quarters*); G. P. Roxburgh, T. P. Williams (*halves*); E. S. Vergette (*capt.*), R. N. Williams, C. R. Jenkins, R. H. Bettington, M. L. Maley, D. S. Briggs, T. J. Pittard, H. D. Robertson (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL v. UNITED SERVICES (CHATHAM).

Played at Winchmore Hill on December 18th. Won, 36 pts. to 6. Unfortunately much of the interest in this match was destroyed by the Services only bringing a team of thirteen men to play against us, but even so they were the first to score and were three points up at the end of two minutes. This had the effect of stimulating the efforts of the Hospital team, and with eight men in the scrum giving

the backs plenty of the ball seven tries were scored before half-time, and Bettington converting two, we led 25—3.

For the second half we lent them two men, and this had the effect of keeping down the score; however, three more tries were scored, of which Stephens converted one, and as the Services' only score was a penalty goal, we were left the winners by three goals and seven tries to a penalty goal and a try.

The tries for the Hospital were scored by Grace (4), Lloyd (4), Guinness and Edwards, and although the weakness of the opposition detracted from the value of the result, it was most encouraging to see the dash and determination displayed by the wings in scoring their eight tries.

The handling among the backs was an improvement on recent form, and with the great strengthening due to the very welcome return of Guinness, who jumped into form at once, we saw signs of a very sound back division developing from the available material.

The forwards, with three substitutes, ably filling the vacancies in the pack, did not seem to over-exert themselves, but they gave the backs enough of the ball to enable them to add a very welcome victory to our credit.

Team: E. V. Frederick (*full-back*); W. J. Lloyd, C. B. Prowse, B. Rait-Smith, A. H. Grace (*three-quarters*); H. W. Guinness, T. P. Williams (*halves*); E. S. Vergette, R. H. Bettington, R. N. Williams, D. J. F. Stephens, J. A. Edwards, C. R. Jenkins, M. L. Maley, R. E. Norrish (*forwards*).

With half the season over a short review of the fortunes of the Club will not come amiss. The first XV's record to date is: Played 17, won 6, drawn 2, lost 9; points for, 186; against, 192. Not a very good record at first sight, but closer analysis gives it a more cheerful aspect. Only at Bristol, where we showed complete inability to cope with Corbett at the top of his form, have we been badly beaten; otherwise, as our points record shows, we have held our own very well. Our best performance, perhaps, has been running Cambridge to four points, but we have not disgraced ourselves in any match, and the fact that we have invariably, with one exception, played our best games against the strongest teams is a good omen for the cup ties.

The team has one failing, which seems to be becoming more marked as the season advances—that of being slow off the mark against teams which they rate weaker than themselves and bad finishers. In two recent matches the opposing side has been allowed to score obviously preventable tries before our men, especially the forwards, have roused themselves to put that extra bit of go into their play which is necessary from the first kick-off if the team is to do well.

An unexpected score against a team in the first few minutes is likely to have a bad moral effect, and although so far the result has been the opposite with our team, it is time they made up their minds to start a game with the same ardour which they display in its later stages.

The idea that we "shall be all right in a few minutes when we get going" is one to be immediately discouraged, and every man in the team should begin and play every game, however weak the opponents, as hard as he can from the first kick. We usually end badly, too—why, it is difficult to say, but in a very large proportion of our matches, an advantage we have gained when playing our best in the middle periods of the game has been lessened, if not nullified, in the last five minutes.

The defensive tactics of our backs are improving, but they are still much too cautious in their attempts to stop forward rushes. Falling on the ball is one of the least dangerous parts of the game, and even if the ball is not successfully smothered, throwing oneself hard at the feet of a dribbling opponent is a most effective method of stopping his immediate attack; and don't leave it to someone else; get there ready every time in case he fails.

The forwards are chiefly at fault in attack; they see one of our wing forwards taking the ball up the field at his feet and trot slowly after him, in time certainly for the next stoppage, but useless to help him or to carry on directly his dribbling is checked. We must get together; combination, whether in attack or defence, is the essence of success; no individual play is good enough to win a match against a team, which plays together as a team, rather than as fifteen men as we are so apt to do.

As regards individuals, most of what there is to say has been said in the match reports. Gaisford has had a somewhat trying season so far; he has been crooked for the past few weeks and before that he was overshadowed by an exam., and it has been impossible for him to show consistently the form which we have seen in the past, but

we hope that in the remaining half of the season we shall be able to congratulate him as much for his display at full-back as we do now for his success in the M.B. In Gaisford's absence his place has been adequately filled by Frederick, who has risen to the occasion to a most gratifying degree, and with whom we sympathize in that he is so far above the standard of the average club and XV full back.

Our three-quarter line is still unsettled. The wings are playing well; Lloyd is fast developing into the most dangerous scorer we have had for two seasons at least, but in the centre, competition is too keen for the selectors to find their job in any way easy. If only Petty would pass as well as Rait-Smith, or the latter would show the dash and defensive powers of Petty, and if only Prowse would learn to recognize a little better just that crucial moment when to pass, all would be well; as it is they are minor faults which practice should eradicate and we are optimistic about them all.

Guinness has played very few games for us owing to a shoulder injury, but he has shown us that as a fly-half, even more than as a centre, he is of inestimable benefit to us, and when he and our ever-young T. P. Williams have had more opportunities of playing together we shall have no reason to fear any other pair we may meet.

There is little to say of the forwards. When they get going they are very good; they are, however, apt to forget the necessity of an extra heave when the ball comes in, and in the loose scrums they are slow at hooking, but their line-out work and dribbling has improved greatly. They are all keen and work hard, and with training should prove a really good cup-tie pack. Briggs is a veritable find; his work in the loose is splendid, but, felt from the second row, his weight is not very great—at least the weight that pushes in the scrum.

Bettington and Maley have improved immensely on last season's form, and are both really good forwards, who, in every branch of the game, use their weight and their heads, and have proved invaluable.

There are many of the team who have had little or no experience of cup-tie Rugger; may we impress upon them the value of two things above all others—training and team-spirit, both of which have been commendably apparent in this half of the season, and which we trust will be carried on to the extent of making them deciding factors in our winning the cup this year. E. S. V.

HOCKEY CLUB.

ST. BARTHOLOMEW'S HOSPITAL V. R.N.C. GREENWICH.

At Winchmore Hill on Saturday, December 4th, Bart.'s had Platel at inside left, while Roles played outside left and Williams centre-forward.

The Naval College won the toss and played down-hill during the first half, in the first part of which they were the better side. Bart.'s seemed unable to get together, and it was not surprising when the visiting team eventually opened the scoring. The lead was not kept for long, however, and shortly before half-time the Hospital made a great improvement and scored three rapid goals through Williams and Platel (2).

In the second half the home forwards played much improved hockey and put on five more goals, the Naval College replying once only. It was never a great game, but during the second half the Hospital certainly showed improvement and were much the better side. Platel (4), Sinclair (2), Williams and Symonds scored for Bart.'s. Platel played a useful game and shot well, but he was rather inclined to attempt too much on his own. Sinclair was in his best form on the wing, and Williams kept the line together well. In defence Attwood and Church again played fine games and Wright returned to his best form.

Team: R. W. Windle; D. Hay, P. M. Wright; J. H. Attwood, K. W. D. Hartley, W. F. Church; M. R. Sinclair, J. C. Symonds, A. G. Williams, M. W. Platel, F. C. Roles.

NOTES.

Although the second half of the season is always more important than the first because of the cup-ties, it is possible by Christmas to judge the form of the teams, which by that time should have settled down to a fairly consistent standard of play.

So far the 1st XI have been quite successful as far as results go for they have the following record: Played 7, won 4, drawn 2, lost 1; goals for 39, against 14.

The strength of the team has undoubtedly been the wing forwards and wing halves, where Milner, Sinclair, Attwood and Church have played consistently well. Church, of course, is the best half we have

had for years, and has already played several times for United Hospitals and Middlesex, in addition to being chosen for the first Southern Counties trial. Sinclair and Williams have also played for United Hospitals.

The team played their best game in the first match with Clare, Cambridge, and their worst in the return match. The weakness at back has been noticeable lately and will have to be remedied somehow by the time the cup-ties come along. Roles, at centre-forward, has not yet shown last year's form except in the first game with Clare. In the first round of the Cup we have drawn U.C.H., who are a much better side than they used to be and who have already expressed their intention of beating us. We do not, however, anticipate a beating, and hope to do just as well, and perhaps better, than last year in the Cup. Owing to a re-drafting of the qualification rule we shall have Milner's assistance, and this will make a great difference to us. Possibly also Foster will have returned to the side by then.

The 2nd XI have a rather remarkable record, for out of ten matches they have won eight and lost two, scoring 69 goals against 29. This is truly prolific scoring, and the team's prospects in the Junior Cup are very bright. The secret of their success has been a consistently good half-back line in Thorne-Thorne, McCay and Bradshaw, and the forward line, as shown by the goals scored, have not missed many scoring chances. The team is drawn against Middlesex II in the first round of the Junior Cup, and should do very well. At the beginning of the season better support was urged for the 3rd XI. This has materialized, and the 3rd have played seven matches. When you compare this with last year's dismal list of last-minute scratchings this is very satisfactory. They have played seven, won three, drawn one and lost three, while the balance of goals is just in their favour—22 to 19. Bennett has been well supported by Hodgkinson, Cunningham, Francis, Knight and Lakhert. Hodgkinson, taking up goal-keeping this year, is playing in very promising style, and were we not so strong in halves this year Cunningham would probably be in a higher team.

There is no cup for 3rd XI's, and this is unfortunate, for I believe we are the only Hospital to run one.

UNITED HOSPITALS SAILING CLUB.

The Club concluded a successful season on November 30th with the Annual General Meeting and Dinner, which were held, as in former years, at the Chantier Restaurant, Frith Street. The Commodore, Dr. C. Worth, took the Chair. Owing to the industrial disputes in the early part of the season, delivery of the two new dinghies was considerably delayed. This, together with the increased difficulties in travel, both curtailed the number of week-ends at which the dinghies were available for individual members, and also held up the sailing of heats in the single-handed racing for the Wilson Cup. Eventually, however, these were successfully carried through.

The Regatta was held early this year on August 7th and 8th. In the first race for the Sherren Cup (Inter-Hospital Race), as nearly all competitors committed some breach of the rules the event was re-sailed. George's, after grounding near the finishing line, eventually proved the winners, defeating Bart's by only a few lengths.

The final of the Wilson Cup was won by G. P. Chandler, of Thomas's, after a good race, Watts and Thrower of Bart's being second and third.

On completion of three years as Commodore, Dr. Worth retired from that office. Dr. Herbert French (Guy's) was elected as the new Commodore, while Mr. Harold Wilson (Bart's) was elected Vice-Commodore in place of Mr. James Sherren (London), who also retired. Dr. Nelson (George's) was created Rear-Commodore.

Four winter meetings have been arranged, the first of which is to be held on January 19th, 1927, and is for the reading of logs. Though the membership increased considerably last year, there is still a great deal of room for new members—particularly from Bart's—and it is hoped that any who are interested will come forward and join. All details about the whereabouts and use of the Club dinghies can be obtained from the Hospital secretary.

REVIEWS.

THE ENLARGED PROSTATE. By KENNETH M. WALKER. (London: Humphrey Milford, Oxford University Press, 1926.) 12s. 6d. net.

This book gives an excellent account of the whole field of prostatic surgery. The divergent views of the pathology of enlargement are discussed, and the author favours the degenerative theory.

The chapters on technique are clear, and special mention must be made of the description of cystoscopy appearances of enlargement, which alone would make the book of outstanding importance. The coloured plates give a very clear idea of what is seen.

The author gives a full account of the treatment of all the possible post-operative complications, with many useful hints. Special attention is given to post-prostatectomy obstruction, for which the author's diathermic punch may be employed.

Bearing in mind that the book is intended to be read by house-surgeons and occasional prostatectomists, the author should perhaps not have made a general recommendation of the use of coagulen and hæmatoplastin for the treatment of hæmorrhage, as the use of these substances is not without danger.

An erratum is present on page 80: "Cabot" is presumably "Cabot."

A SHORTER SURGERY. By R. J. McNEILL LOVE, M.B., M.S., F.R.C.S. (London: H. K. Lewis & Co., Ltd., 1926.) Pp. viii + 298. 12s. 6d. net.

The author has given in this small book a large volume of important surgical facts. He states that his aim has been to render the book as practical as possible, and to lay emphasis on those examination requisites that the student lacks. In this he has undoubtedly succeeded, and has achieved a book which gauges with remarkable accuracy the requirements of the final surgery examination. It is not a cram-book in any sense, and might with advantage replace the pocket cram-books beloved by so many students.

Apart from its examination value its principal feature is the stress laid upon differential diagnosis, and it might be considered as an abbreviated edition of the classic on differential diagnosis—De Quervain.

The operative details are well selected, and excellent judgment is shown. Too much prominence is, however, given to Estlander's operation for chronic empyema, which has largely been replaced by other methods of procedure.

The chapter devoted to the surgery of the stomach contains more valuable details of diagnosis and treatment than are found in many larger books. The author strangely omits to refer to the use of pre-operative blood transfusion in cases of hæmorrhage from a chronic gastric ulcer.

The chapters on diseases of the gall-bladder and pancreas have compressed into them all the essential facts for a thorough grasp of the condition, and the same may be said in a lesser degree of the chapters on the genito-urinary system, but this is obviously not the author's field, and though well written, is not of the excellence of the preceding chapters. One may note, for example, the small place given to pyelolithotomy, and the absence of reference to the importance of drainage in all cases of prostatectomy. No mention is made of phenolphthalein, and methylene blue should never, as the author suggests, be used as a functional test.

Any but the briefest references to pathology have been omitted, but a number of photographs of pathological specimens are given. These vary greatly in their degree of usefulness, no doubt on account of the difficulty of satisfactory reproduction. As this book is likely to run into many editions the author and publisher should consider whether this cannot be subsequently remedied. In any case the book is by far the best short or shorter surgery, and better than many longer ones.

APPLIED PHYSIOLOGY. By SAMSON WRIGHT, M.D., M.R.C.P. (Oxford University Press, 1926.) Pp. 418. 12s. 6d. net.

It is difficult to strike the happy mean in the teaching of physiology, which has both a well-defined "academic" and "practical" aspect. To confine oneself to one has meant the sacrifice of the other. Dr. Wright tries, not unsuccessfully, to solve the problem by describing in a clear, brief way the "pure" physiology of each system, and then discussing it in relation to signs and symptoms and modes of clinical research. The book, advanced in scope and simple in detail, must inevitably (as the author admits) be too dogmatic for

use as a text-book of physiology, but those preparing for the Primary Fellowship or their Finals will find it exceptionally useful. Especially good are the sections dealing with the nervous system, the liver and the heart.

OUTLINES OF DENTAL SCIENCE. Vol. II: DENTAL BACTERIOLOGY. By RALPH A. BRODERICK, M.B., L.D.S. (Edinburgh: E. & S. Livingstone, 1926.) Pp. 156. 7s. 6d. net.

Chapters X, XI and XII deal in a simple way with the bacteriology and protozoology of the mouth and teeth. The remaining 111 pages of the book present an elementary survey of the whole of medical bacteriology. In a work of this size, laboratory instructions are bound to be sketchy; those given by the author do not escape this ban, but they have been well chosen.

The diction, the photomicrographs and the typography are excellently clear.

The book is a good "outline," which should be of real use to the beginner.

AIDS TO CASE-TAKING. By H. L. McKISACK, M.D., F.R.C.P. (London: Baillière, Tindall & Cox, 1926.) 2nd edition. Pp. vii + 168. 4s. 6d. net.

This little book is well worthy of its place in the well-known "Aids" series. To the reader it says, "Regard your patient as a naturalist regards a zoological specimen, and find out all you can about him." This advice is backed by a concise and well-ordered description of what to look for, and how to interpret your findings. In particular, the author's exposition of the physical signs of the chest is lucid and helpful.

The sections on the digestive and nervous systems will please the categorical mind of the "examinee" without being offensively mathematical—a rare achievement in a work of this size.

BOOKS RECEIVED.

PERNICIOUS ANÆMIA AND APLASTIC ANÆMIA. By ARTHUR SHEARD, M.D. (Bristol: John Wright & Sons, Ltd., 1924.) Pp. 94. 7s.

MEDICAMENTA RECENTIA. (Allen & Hanburys, Ltd., 1925.)

ALCOHOL AND MEDICAL PRACTICE. By C. C. WEEKS, M.R.C.S. (H. K. Lewis & Co., Ltd., 1925) Pp. 186.

WHAT IT FEELS LIKE. By "DOCTOR ROBIN, M.A.," M.R.C.S. (Student Christian Movement, 1926.) Pp. 78. 2s.

CATECHISM SERIES:

PHYSIOLOGY, Part II, 4th edition.

MENTAL DISEASES. By W. G. SIM, M.D., F.R.C.S.

VENEREAL DISEASES. By CHAS. AVERILL, M.A., B.Sc., M.D., D.P.H.

DISEASES OF THE EYE. W. G. SYM, M.D., F.R.C.S.E.

DISEASES OF THE EAR, NOSE AND THROAT. GAVIN YOUNG, M.C., M.B., Ch.B.

OPERATIVE SURGERY, 3 vols., 4th edition.

MATERIA MEDICA FOR DENTISTS. (John Bale, Sons & Danielsson.)

LAW RELATING TO DENTISTS.

CORRESPONDENCE.

To the Editor, 'St. Bartholomew's Hospital Journal.'

DEAR SIR,—Mr. W. Kent-Hughes, of Melbourne, has very kindly written to say that he wishes to present medals annually to each individual of the winning team in the Inter-Hospital Cross-Country race for the Cup which was named after him when first competed for in 1886.

The medals are cast in silver, from the United Hospitals Athletic Club die, which was originally designed by Mr. Kent-Hughes.

The first team to receive the medals is the Bart.'s team, which won the cup last March. At the request of Mr. Kent-Hughes, Mr.

Dunhill made the presentation in the Dunn Laboratory on Thursday, December 2nd.

The following members of the team received their medals: J. F. Varley, H. N. Walker, C. S. Wise.

Unfortunately W. W. Darley and J. D. L. M. Savage were unable to be present owing to the fact of holding house appointments in the provinces.



I hope you will be able to publish a photograph of one of the medals in the JOURNAL, as I feel sure many members of the Hospital, both Past and Present, would like to see and admire the medal which Mr. Kent-Hughes has so kindly presented to us.

Yours faithfully,
H. N. WALKER.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN.

ALEXANDER, G. L., M.R.C.S., L.R.C.P. (and SEDDON, HERBERT J., M.R.C.S., L.R.C.P.). "A Case of Cervical Dislocation and Paraplegia with Recovery." *British Journal of Surgery*, October, 1926.

BARRIS, J. D., M.B., F.R.C.P., F.R.C.S. "The Diagnosis and Treatment of Placenta Prævia." *British Medical Journal*, October 2nd, 1926.

BATTEN, RAYNER D., M.D. "Vessels of New Formation on the Anterior Surface of Iris emerging from the Pupil and Branching Outwards." *Proceedings of the Royal Society of Medicine*, August, 1926.

— "Black-spot Choroiditis." *Proceedings of the Royal Society of Medicine*, September, 1926.

BERTWISTLE, A. P., M.B., Ch.B., F.R.C.S. *The Doctor's Books*. London: John Bale, Sons & Danielsson, 1926.

BUTLER, T. HARRISON, M.A., M.D. "Slit-Lamp Technique applied to Simple Apparatus." *British Medical Journal*, December 11th, 1926.

CAMMIDGE, P. J., M.D., M.R.C.S., L.R.C.P. "Pituitary Glycosuria." *Proceedings of the Royal Society of Medicine*, September, 1926.

CARSON, H. W., F.R.C.S. "Discussion on the Treatment of Duodenal Ulcer." *Proceedings of the Royal Society of Medicine*, September, 1926.

— "Post-operative Treatment of Cancer of the Breast." *British Medical Journal*, December 11th, 1926.

CLARKE, ERNEST, C.V.O., M.D., F.R.C.S. "An Address on a Half-Century's Progress in Ophthalmology." *Lancet*, November 20th, 1926.

COCKAYNE, E. A., D.M., F.R.C.P. "Bronchiectasis." *Clinical Journal*, October 27th, 1926.

- COYTE, RALPH, M.B., B.S., F.R.C.S. "Observations on Twenty-five Cases of Prostatectomy." *British Medical Journal*, November 27th, 1926.
- DALLY, J. F. HALLS, M.A., M.D., B.C., M.R.C.P. "Ultra-violet Radiation in Man." *Proceedings of the Royal Society of Medicine*, August, 1926.
- DONALDSON, ERIC, M.D. "The Schick Test: A Scheme for Active Immunization against Diphtheria in Public Health Practice." *British Medical Journal*, September 25th, 1926.
- DUNDAS-GRANT, SIR JAMES, K.B.E., M.D. "Six Cases of Facial Paralysis." *Proceedings of the Royal Society of Medicine*, October, 1926.
- "Case of Ozæna apparently Cured by Submucous Injection of Paraffin." *Proceedings of the Royal Society of Medicine*, October, 1926.
- "Case of Hypertrophied Tonsils with Multiple Outgrowths, probably Tonsillar in Structure." *Proceedings of the Royal Society of Medicine*, September, 1926.
- DUNHILL, T. P., C.M.G., M.D., Ch.B. "Discussion on the Treatment of Duodenal Ulcer." *Proceedings of the Royal Society of Medicine*, September, 1926.
- See also FRASER and DUNHILL.
- ECCLIS, W. MCADAM, M.S., F.R.C.S. "Three 'Foreign' Uses of Œsophageal Catheters." *British Medical Journal*, October 2nd, 1926.

EXAMINATIONS, ETC.

UNIVERSITY OF OXFORD.

The following degrees have been conferred:

D.M.—Barnes, D. T.

B.M.—Hudson, W. H., Savage, J. de la M.

UNIVERSITY OF CAMBRIDGE.

The following degrees have been conferred:

M.B., B.Ch.—Worthington, A. T., Corsi, H., Holmes, J.

M.B.—Hannan, J. H., Grosvenor, C. J. P.

ROYAL COLLEGE OF PHYSICIANS.

The following have been admitted members:

Davies, I. G., Nankivell, A. T., Simaika, S. R.

ROYAL COLLEGE OF SURGEONS.

The Diploma of *Fellow* has been conferred upon the following:

Jeffrey, A. L. P., Barnie-Adshead, W. E., Coldrey, E. A., Kittel, P. B., Mitchell, J. M. D.

C. I. N. Morgan has passed the Examination, but not having reached the required age, is not eligible to receive the Diploma.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

The following have been admitted Fellows:

Barnie-Adshead, W. E., Cargill, R. E. D.

CHANGES OF ADDRESS.

- BATTERHAM, Capt. D. J., R.A.M.C., c/o Grindlay & Co., Bombay, India.
- BULL, G. V., White Gables, Sandhurst, Kent.
- DUFTON, H. T., Lansdowne, Totnes Road, Paignton.
- FEKAN, R., 33, Morshead Mansions, W. 9. (Tel. Maida Vale 1723.)
- HOLMES SPICER, W. T., 8, Chelsea Park Gardens, S.W. 3. (Tel. Kensington 2550.)
- MILNER, S. W., 410, Avenue Road East, Hastings, New Zealand.
- PAYNE, R. T., 23, Abbey Court, Abbey Road, St. John's Wood, N.W. 8. (Tel. Maida Vale 4052.)
- STERRY, J., Thika, Kenya Colony.
- WALLIS, R. L. MACKENZIE, 101, Harley Street, W. 1. (Tel. Langham 2676, unchanged.)

APPOINTMENTS.

- BARNES, D. T., D.S.O., M.D., B.Ch.(Oxon.), appointed Hon. Assistant Physician to the Electro-Therapeutic Department of the Radcliffe Infirmary.
- BURT-WHITE, H., M.B., B.S.(Lond.), F.R.C.S., appointed Obstetric Surgeon to the Female Lock Hospital.
- CLARK, A., M.R.C.S., L.R.C.P., appointed House Physician to the Dreadnought (Seamen's) Hospital, Greenwich.

HINTON, W. S., M.R.C.S., L.R.C.P., appointed Junior House Surgeon to the Southend Victoria Hospital and District Nursing Institution, Warrior Square, Southend-on-Sea.

BIRTHS.

- BALLINGALL.—On December 5th, at Devonport, the wife of Major D. C. G. Ballingall, Royal Army Medical Corps, of a son.
- BATTEN.—On October 30th, at Lyndhurst Road, Hampstead, the wife of Lindsey W. Batten, M.B., M.R.C.P., of a daughter.
- DOWNER.—On November 24th, to Eileen (*née* Craig), the wife of Dr. Reginald Downer, 9, College Hill, Shrewsbury—a daughter.
- LINDER.—On December 1st, to Ruby and Geoffrey Linder, of The Bryn, Rickmansworth—a daughter.
- SATOW.—On December 9th, in Oxford, to Margaret, wife of Lawrence L. Satow, M.C., M.R.C.S.—a son.

MARRIAGE.

- BROWNE—FITZGERALD.—On December 1st, at St. Mary's Church, Wimbledon, by the Rev. Canon Horace Monroe, Vicar and Rural Dean of Wimbledon, Horace Ximenes Browne, Deputy Inspector-General of Hospitals and Fleets, Royal Navy (retired), to Marjorie Elspeth Fitzgerald, youngest daughter of the late Major John Gore Fitzgerald, R.M.L.I., and Mrs. Fitzgerald, of Furzehatt, Plymouth, South Devon.

DEATHS.

- BAINBRIDGE.—On November 27th, 1926, at Chenies Street Chambers, W.C. 1. Hilda Winifred, widow of Prof. F. H. Bainbridge, M.D., F.R.S.
- BOSTOCK.—On September 4th, 1926, at Horsham, Edward Ingram Bostock, M.R.C.S., L.S.A., J.P., aged 83.
- COATHUPE.—On November 23rd, 1926, at 26, Parkwood Road, Boscombe, Hants, Edwin Weise Coathupe, M.R.C.S. (retired), eldest son of the late Charles Thornton Coathupe, of Birdcombe Court, Wrexham, Somerset, aged 89.
- GASPERINE.—On August 13th, 1926, suddenly in New York, U.S.A., John Jones Gasperine, M.R.C.S., L.R.C.P., D.P.H., of Willoughby Road, Hampstead.
- MEAD.—On December 15th, 1926, (suddenly), at Whitby, Yorkshire, Robert William Mead, M.D., aged 68.
- RISK.—On December 7th, 1926, of heart failure, at 4, Collingham Place, S.W. 5, Colonel E. J. Erskine Risk, A.M.S. (retired).
- SKIPWORTH.—On December 17th, 1926, very suddenly at Market Overton, Oakham, Philip Lyonel Grey Skipworth, M.R.C.S., L.R.C.P., aged 55.
- TANNER.—On September 6th, 1926, at Eastern Lodge, Kempsey, Worcs., Richard Canning Tanner, aged 86.

ACKNOWLEDGMENTS.

The British Journal of Nursing.—*The Bulletin of the New York Academy of Medicine.*—*The Charing Cross Hospital Gazette.*—*Guy's Hospital Gazette.*—*Guy's Hospital Report.*—*The Hospital Gazette.*—*The Journal of Cancer.*—*The Kenya Medical Journal.*—*London Hospital Gazette.*—*Long Island Medical Journal.*—*The Magazine of the London Royal Free Hospital.*—*St. Mary's Hospital Gazette.*—*The Medical Review.*—*The Middlesex Hospital Journal.*—*The New Troy.*—*The Nursing Times.*—*The Post-Graduate Medical Journal.*—*Queen's Medical Magazine.*—*Revue de Medecin.*—*The Stethoscope.*—*The Student.*—*U.C.H. Magazine.*—*University of Toronto Medical Journal.*

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